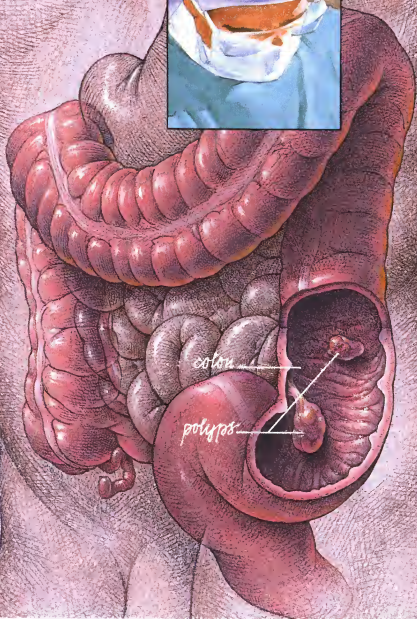


THE COLON BOOK

A look at polyps and colon cancer, their treatment, and your prospects for recovery



Feeling Concern and Discomfort

It's normal to worry if your doctor suspects you may have a growth in your colon. You may be anxious about whether the growth is cancerous. You may also have questions about the treatment that could lie ahead or your prospects for recovery. But the fact is most colon growths can be removed swiftly. And, even if the growth is cancerous, with early medical treatment your outlook is good.

Detecting Colon Growths

Maybe you've had symptoms of a colon growth. These symptoms may include abdominal or rectal pain, rectal bleeding, a change in bowel habits that lasted longer than a week, or fatigue. More likely, though, it was your doctor who noticed that unhealthy changes might be taking place. That's because checkups are one of the surest ways of detecting colon growths. And, if your doctor spots a problem early, chances of successful treatment and recovery are good.



This booklet is not intended as a substitute for professional medical care. Only your doctor can diagnose and treat a medical problem.

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Seeking Early Treatment

Do you suspect that you have a colon growth? Get prompt medical treatment. By seeing your doctor right away, you greatly increase your chances for successful recovery. You and your doctor can work together to diagnose and treat your colon problem before it becomes worse.



Your Evaluation

A prompt evaluation is the key to diagnosing a colon growth. A medical history, thorough exam, and tests help your doctor diagnose your colon problem and plan the right treatment.



Surgical Treatment

The next step, if needed, is surgery. The colon growth is removed. If cancer is found, further treatment may be needed. This may include chemotherapy or radiation to reduce the chances of recurrence or spread of cancer.



Follow-up Care

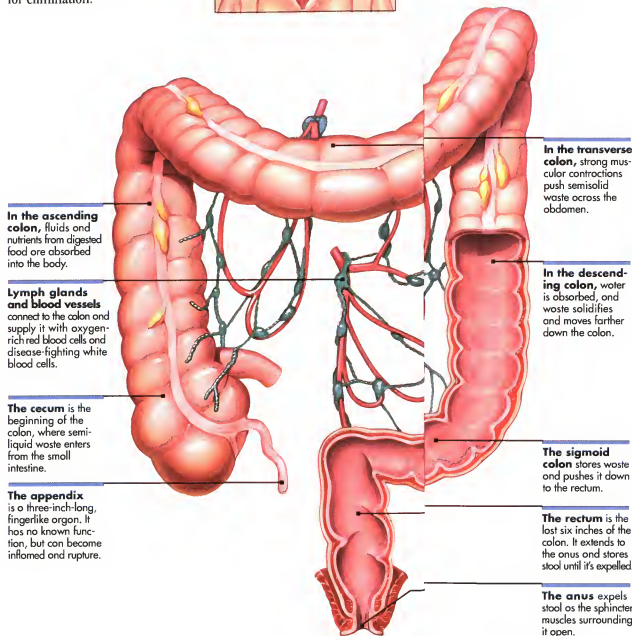
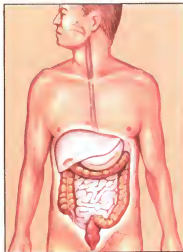
After your recovery from surgery and any other treatments you may have, you can slowly return to your daily activities. Follow-up exams, a healthy diet, and help from friends, family, and support groups can soon help you get back to your routine.

Your Colon: The Inside Story

The colon (the **large bowel** or **large intestine**) is the tube-like part of your digestive tract that stores stool and pushes it out from your body. A healthy colon has a smooth, protective wall and acts like a pipeline, moving digestive wastes up, around, down, and out. But colon tissue can undergo changes. Growths can occur on the colon wall. All growths need to be removed promptly. Some can develop into cancer. A colon that is free of growths is a colon free of cancer.

A Healthy Colon's Function

The muscular colon "tube" is five to six feet long. It is lined to protect your body from digestive wastes. The food you eat arrives at the colon after passing through the stomach and small intestine. Once food enters the colon, fluids are absorbed into the bloodstream. Stool is then compacted and stored, and muscles push the stool down to the anus for elimination.



Unhealthy Growths in the Colon Lining

Sometimes tissue in the colon changes—perhaps as the result of genetics, a high-fat, low-fiber diet, or exposure to cancer-causing substances. As this tissue changes, growths—polyps or cancers—may form on the colon lining.

Polyps

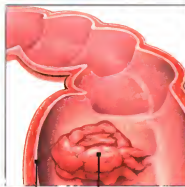
A "benign" polyp is a noncancerous growth. It can be as small as a pea or as large as a golf ball. The larger the polyp, the greater its chance of turning into cancer. Early removal of benign polyps may prevent them from changing into cancers.



Benign polyp
Colon lining

Cancers

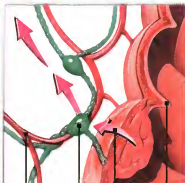
A cancer is made up of abnormal cells that are growing out of control. Cancers are most often the size of a mushroom or larger. They can grow into the colon lining and spread to other parts of the body. The sooner cancers are removed, the greater the chance of preventing cancer spread.



Cancer
Colon lining

Cancer Spread

If cancer cells break off, they may travel through the colon lining into the lymph and blood vessels. These vessels may carry the cancer cells to the lymph glands, liver, lungs, or other organs, starting new cancers. This cancer spread is called **metastasis**.



Metastasizing cancer
Lymph glands
Blood vessels
Colon lining

Your Evaluation

The first step in diagnosing your colon problem is a thorough evaluation. Your doctor takes your health history and gives you a complete exam. A range of tests may also be ordered to help pinpoint the problem. Then your doctor discusses plans for treatment with you.

Your History and Exam

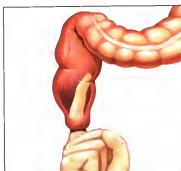
Your health history gives your doctor clues to your diagnosis. People with a personal or family history of bowel disease have a higher risk of colon cancer. Your doctor may ask you questions about your symptoms, your diet, and whether you or any family members have ever had cancer. Your doctor also conducts a thorough exam and may check your stool for blood.

Diagnostic Tests

Your doctor may order certain tests. Each test gives information about a specific part of your colon. These tests can help pinpoint any problems you may have. They involve only a small amount of discomfort. They may be performed in your doctor's office or in the hospital on an outpatient basis.

Digital Rectal Exam

In this simple test, your doctor inserts a gloved finger into the rectum to inspect it for signs of tissue change. The exam takes less than a minute. But it can detect many easily overlooked rectal cancers.



A digital rectal exam detects growths in the rectum.

Sigmoidoscopy

Your doctor checks the health of your lower colon by inserting into your anus a sigmoidoscope, a lighted tube, to view the sigmoid colon and remove tissue samples. This procedure requires no sedation, causes little discomfort, and takes only a few minutes. However, it can detect about half of all colon cancers.



Sigmoidoscopy provides a clear view of the inside of the sigmoid colon.

Barium Enema

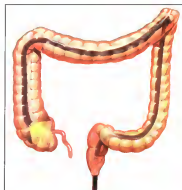
This test gives a picture of your entire colon. A radiologist fills your colon with liquid barium. Then x-rays are taken. Air may also be pumped inside the colon to make small abnormalities more visible. The test is done on an outpatient basis at a hospital or radiology center. You'll need a special bowel prep to cleanse your colon beforehand.



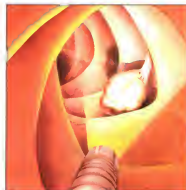
In a barium enema x-ray, the colon appears as a white image; growths are dark areas.

Colonoscopy

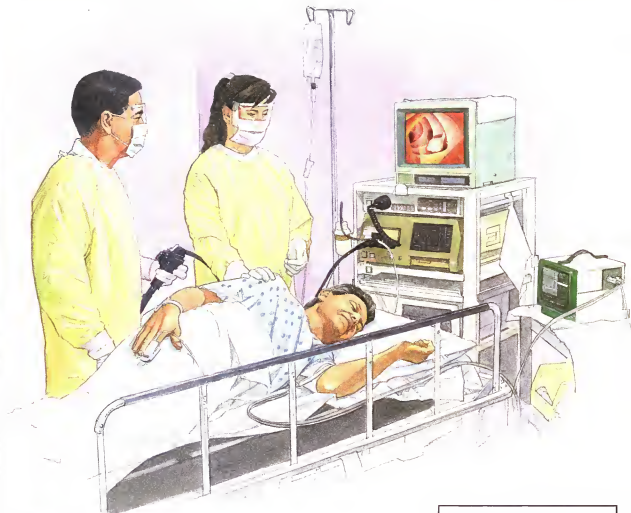
Colonoscopy is an advanced technique for viewing the whole colon. A screen or eyepiece may be used. The colonoscope is a thin, lighted flexible tube that is moved through your colon. Colonoscopy is used both to diagnose growths and to confirm findings of other tests. It can also be used to remove small polyps and to collect tissue samples for analysis. You will be lightly sedated during the procedure.



Colonoscopy provides an inside view of the entire colon.



Colonoscopy can be used to locate and remove small polyps.



Making the Diagnosis

After your evaluation, your doctor will discuss your diagnosis with you. He or she will also explain surgery or other treatments you may need.

Risks and Possible Complications of Sigmoidoscopy and Colonoscopy

- Puncturing of the colon
- Bleeding

Planning Your Treatment

If your doctor has detected a large polyp or a cancer, colon surgery may be needed to remove the growth. If surgery is performed early, it may be all the treatment you need to correct your colon problem. If colon cancer has been diagnosed, your doctor may conduct special tests before surgery. This is to see whether, or how far, the cancer cells may have spread. These tests help your doctor plan your surgery and any other treatment.

Treatment for Polyps

Removal of the growth is the main way of treating polyps. Often, polyps are removed through a colonoscope. A polyp in the rectum, however, may be surgically removed through the anus. A polyp in the colon that is large, flat, or can't be removed with a colonoscope may require abdominal surgery.

Treatment for Cancer

If you have colon cancer, your doctor may test to see if it has spread. Tests may include a chest x-ray to check the lungs, CT scans of the abdomen and pelvis, and blood tests. After these tests are done, your doctor surgically removes the cancerous portions of your colon and reconnects the healthy parts. You may also need more treatment, such as radiation or chemotherapy, before or after surgery.



Preparing for Surgery

You can take steps to help prepare for surgery. These steps range from speaking with your anesthesiologist or nurse anesthetist to cutting back on smoking. Following these steps—and any other instructions provided by your doctor—helps make your surgery and recovery successful. These steps may also help reduce the risks of bleeding and infection. You may be admitted to the hospital the day before or the day of your surgery.



A Few Weeks Before



Quit smoking. Smoking adds risk to surgery and recovery. Smokers will be asked to stop.



No blood thinners. Your doctor will instruct you to stop taking aspirin or any other blood-thinning drugs.



Medical checkup. Your doctor will give you a thorough checkup before surgery to assess the health of your heart and lungs.

Just Before Surgery



Clear liquid diet. For 24 hours before your surgery, you may eat only clear liquids, such as broth, coffee, gelatin, and clear fruit juice. No food or drink, including coffee and water, may be taken after midnight before your surgery.



Bowel prep. To make sure the colon is thoroughly clean, you'll be asked to drink a laxative solution to completely clean your system of stool.



Taking medications. Ask your doctor about which medications you should stop and which you should continue taking before and after surgery. You may also be given antibiotics. These help reduce the chance of infection.



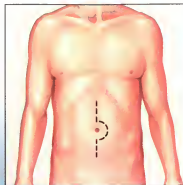
Preparation for anesthesia. Before surgery, the anesthesiologist or nurse anesthetist will talk with you about the anesthetic to be used. Any questions you may have will be answered at that time.

Your Surgery

The idea of having part of your colon removed may sound scary. But the fact is that part or all of the colon can be removed without causing serious problems. Most colon surgeries remove the affected piece (**resection**). Then the two new ends are stitched or stapled together (**anastomosis**). If you have colon cancer, surgery removes the cancer and the surrounding tissue and lymph glands to reduce the chance of recurrence. Whether you have cancer or a large polyp, the resection is designed to keep the colon's tubelike shape. This is so that waste can pass through easily, and you'll still have normal bowel function.

Risks and Complications

- Infection
- Injury to nearby organs
- Anastomosis that leaks or separates
- Blood clots
- Possible colostomy
- Risks from anesthesia



In many cases, the surgeon makes a vertical incision in the abdomen.

Resectioning the Colon

An incision is made in the abdomen. The growth and surrounding piece of colon are removed. Then the remaining ends of the colon are reconnected. Bowel function returns to normal four to five days after surgery.

Right Hemicolectomy

Before



After



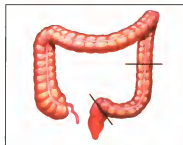
Transverse Colectomy



Left Colectomy

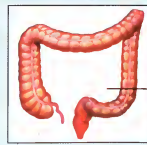


Sigmoid Colectomy



Colostomy with Resection

A colostomy is done to create a new opening (**stoma**) for getting rid of waste. The rectum or sphincter muscles may or may not be surgically removed. The colon is brought out through an opening in the abdomen and formed into a stoma. After recovery, stool passes through the stoma and into a colostomy bag or appliance.



Rectum and sphincter muscles are removed.



An opening is created on the abdomen.

Stoma

Your Hospital Stay

You may be surprised at how quickly you'll be up and walking around again after colon surgery. Once you leave the recovery room, where your blood pressure, pulse, and breathing are closely monitored, you'll be brought back to your hospital room. Without complications, expect to stay in the hospital for four to eight days after your surgery. During your stay, you'll be watched closely to make sure that you're healing well and that your colon has started working again.

Monitoring Your Progress

During surgery, a catheter may be inserted into your bladder. The catheter remains for the first few days after surgery to collect urine. This helps your doctor measure the amount of fluids you're putting out and monitor your body's return to normal. Loose stools are common just after bowel function returns.

Eating Again

A nasogastric (NG) tube going from your nose to your stomach may be used for a few days to keep your stomach empty. You'll be fed intravenously for a few days. When you pass gas, it's a sign that your colon is working again. Then you'll start a liquid diet. After that, eat soft, low-fiber foods until your healing is complete.

Becoming Active

Walking after surgery helps your circulation and bowel function return to normal. You'll also do breathing exercises to make sure you're taking in enough oxygen, since breathing can be painful after surgery. At first, you'll be given pain medication by injection or IV. After you're back on food, you'll receive medication orally.

Caring for a Stoma

If you've had a colostomy, your stoma training may have begun before your surgery. It continues during your recovery. A stoma therapist teaches you how to handle and change a colostomy bag or how to irrigate the stoma so that a bag may not even be necessary. You'll stay in the hospital or move to a skilled nursing facility until you've mastered the techniques.



Recovering at Home

You'll likely see your doctor about seven to ten days after you've left the hospital. After six weeks or so, you should begin to feel like yourself again. Still, you'll probably tire easily for several months. Your body is using a lot of energy to heal itself. Make a point of resting when you feel tired. Usually, you can resume your full range of activities after two months, when you're fully healed. But, expect to be off work for one to three months or until your energy level returns to normal.

Resuming Everyday Activities

Be active when you feel up to it, but avoid heavy lifting and strenuous exercise for about six weeks. Walking, climbing stairs, showering, and bathing are fine. You may drive again as soon as you're no longer taking pain medication and you feel able. Ask your doctor about any special diet you should follow during your first few weeks at home.

Call Your Doctor If...

you have any of the following:

- a fever over 100°F
- nausea or vomiting
- unusual redness, swelling, or pain around your incision
- constipation, diarrhea, or bloating
- difficulty controlling your bowel movements

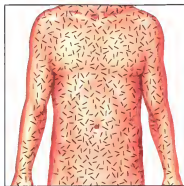
Getting Support

Support groups can be a helpful resource if you have colon cancer. Get more information by calling these organizations:
American Cancer Society
1-800-227-2345
United Ostomy Association
1-800-826-0826
Wound Ostomy and Continence Nurses Society (WOCN)
(714) 476-0268



Additional Treatments

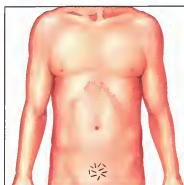
If you have colon cancer, your doctor may advise more types of treatments. The goal is to stop the cancer's spread or to reduce the chances of its recurrence. Some colon surgery patients receive chemotherapy or radiation therapy or both. Either therapy can be effective. Treatment may start three to six weeks before or after surgery. You and your doctor can discuss these treatments and any side effects you may expect.



Chemotherapy attacks cancer cells throughout the body.

Radiation Therapy

High-energy beams of radiation are used to attack cancer cells in precise areas of the body. Patients are given doses of radiation on an outpatient basis, five days a week for four to six weeks. Side effects may include bowel, skin, and anal irritation, nausea, and fatigue.



Radiation therapy kills cancer cells in precise areas.

Chemotherapy

Chemotherapy uses drugs to attack cancer cells throughout the body, wherever they exist. Side effects may include nausea, diarrhea, hair loss, and fatigue.

A Healthy Future

By detecting and treating your colon problem early, chances are good that you can return to a full and active life after your recovery—even if you have colon cancer. If a cancer is removed at an early stage, your outlook for recovery is good. And you can take steps to decrease your chances of having a recurrence of colon cancer or developing it in the first place. A high-fiber, low-fat diet and regular visits to your doctor are the keys to maintaining your colon's health. To help keep your family members healthy, urge them to be screened for colon problems, too.



See Your Doctor Regularly

Colon problems often have no symptoms. That's why regular checkups are the best way to ensure your colon's health. If you've had colon cancer, your doctor will likely see you often in the first year, and regularly thereafter. If you had a polyp, your doctor will want to watch the colon to check for further polyps.

Eat High-Fiber, Low-Fat Foods

A high-fiber, low-fat diet may decrease your risk of getting colon cancer or help keep it from recurring. Eat whole grains, vegetables, and fruits. Drink lots of water. And lower your fat intake. Following this healthy eating style for life can help prevent colon problems in the future.

Have Your Family Members Screened

Those with a family history of colon cancer are more likely to develop the disease. Your family members should be screened by a doctor. This is especially important if they've ever had cancer or bowel disease. Colon health really is a family matter.

Active and Involved Again

Give yourself time to heal. Get help from friends and family. Look for support from peer groups and professionals. That way, you can expect to be back in the mainstream soon after your recovery from colon surgery. The things that you care about—career, family, relationships, and travel—can become part of your life again.



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